Conf.No.: 6570

IN THE UNITED STATES PATENT OFFICE

pplicant:

Steven P. Young

Assignee:

Xilinx, Inc.

Title:

A Programmable Multi-Chip Module

Serial No.:

10/624,832

File Date:

07-21-03

PATENT

Examiner:

Unknown

Art Unit:

2819

Docket No.: X-1335 US

Conf. No.:

6570

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

PRELIMINARY AMENDMENT

Dear Sir:

Before taking action on the above-referenced patent application, please substitute the following claims as indicated.

Modified 02-03

PTO/SB/21 (01-03)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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valid OMB control num	er.				
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application / Conf. No.	10/624,832 / 6570		
		Filing Date	July 21, 2003		
		First Named Inventor	Steven P. Young		
		Examiner Name	Unknown		
Mail Stop:		Art Unit	2819		
Express Mail		Patent No.			
Receipt No. Total Number of Pages in This Submission		Attorney Docket Number	X-1335 US		
	ENCLOSUF	RES (check all that apply)			
X Fee Transmittal Form	Assign	nment Papers	After Allowance Communication		
	(with f	Recordation Cover Sheet)	to		
X Amendment / Reply Preliminary Amendmen		ration / Oath	Appeal Communication to Board of Appeals and Interferences		
After Final	Drawi	ng(s)			
Affidavit(s)/declaration(s	Licens	sing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
Extension of Time Request Petition		on -	Status Letter		
Change Status to LARGE ENTITY			X Return Receipt Postcard		
		nvert a sional Application	Other Enclosure(s) (please identify below):		
Information Disclosure Statement Power Change		r of Attorney, Revocation ge of Correspondence	<u> </u>		
Substitute PTO-1449(s) Termin IDS by Applicant (PTO/SB/08A)		nal Disclaimer			
		est for Refund	,		
Remarks Response to Missing Parts/ Incomplete Application					
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNA	URE OF APPL	LICANT, ATTORNEY, O	R AGENT		
Firm or Customer Number Attn: Kim Kanzak	1	24309 (Customer Number)	Reg. Number 37,652		
Signature					
Date December 16, 2003 Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040					
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this dat@ecember 16, 2003					
Typed or Printed Name Pat Slaback					
Signature	Daho	m Date	December 16, 2003		

This collection of information is rrequired by 37 CFR 1.17 and 1.27. The information is required to botain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

PTO/SB/17 (10-02)

Approved for use through 10-31-2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$) 316.00

C mplet if Known					
Application / Conf. No.	10/624,832 / 6570				
Filing Dat	July 21, 2003				
First Named Inventor	Steven P. Young				
Examiner Name	Unknown				
Art Unit	2819				
Attorney Docket No.	X-1335 US				

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to: The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:		ITIONAL P	EES			
Deposit Account		(\$)	Fee Description	Fee Paid		
Deposit Account 24-0040	1051	130	Surcharge - late filing fee or oath			
Number	1052	50	Surcharge - late provisional filing fee or cover sheet.			
Account ALLINA, INC.	1812	2,520	For filing a request for exparte reexamination			
Name	1804	920*	Requesting publication of SIR prior to Examiner action			
	1805	1,840*	Requesting publication of SIR after Examiner action			
FEE CALCULATION	1251	110	Extension for reply within first month			
1. BASIC FILING FEE	1252	420	Extension for reply within second month			
Large Entity	1253	950	Extension for reply within third month	:		
Fee Fee Description Fee	1254	1,480	Extension for reply within fourth month			
Paid	1255	2,010	Extension for reply within fifth month	,		
Code (\$) 1001 770 Utility filing fee	1401	330	Notice of Appeal			
1002 330 Design filing fee	1402	330	Filing a brief in support of an appeal			
1003 510 Plant filing fee	1403	290	Request for oral hearing			
1004 770 Reissue filing fee 105 160 Provisional filing fee	1451	1,510	Petition to institute a public use proceeding			
	1452	110	Petition to revive - unavoidable			
SUBTOTAL (1) (\$)	1453	1,330	Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from	1501	1,330	Utility issue fee (or reissue)			
Extra below Fee Paid	1460	130	Petitions to the Commissioner	:		
Total Claims 36 -20" = 8 X 18 = \$144	1807	50	Petitions related to provisional applications			
Indep. Claims 07 - 3** = 2 × 86 = \$172	1806	180	Submission of Information Disclosure Stmt			
Multiple Dependent Claims X =	8021	40	Recording each patent assignment per property (times number of properties)			
**or number previously paid, if greater; For Reissues, see below Large Entity Fee Fee Pescription	1809	770	Filing a submission after final rejection (37 CFR 1.129(a))			
Code (\$) 1202 18 Claims in excess of 20	1810	770	For each additional invention to be examined (37 CFR 1.129(b))			
1201 86 Independent claims in excess of 3 1203 290 Multiple dependent claim, if not paid 1204 86 **Reissue independent claims over original patent 1205 18 **Reissue claims in excess of 20	1801	770	Request for Continued Examination (RCE)			
and over original patent	Other fe	ee (specify))			
SUBTOTAL (2) (\$) 316.00	*Reduc	ed by Bas	ic Filing Fee Paid SUBTOTAL (3) (\$)			

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)		1	Registration No. (Attorney/Agent)	37,652	Telephone	408-879-6149	
Signature		4			Date	12-16-2003	